



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN <u>66-004997</u>	DATE OF INSPECTION <u>06-03-2009</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1880 E. 63rd Kansas City, Mo (Metro Patrol Division)</u>	TIME OF INSPECTION <u>0127 hours</u>

CHECKLIST

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DVM TEST: (.350 +/- .150) <u>.408 Passed</u>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) <u>Passed</u>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST <u>Passed</u>
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED) <u>Passed</u>
<input checked="" type="checkbox"/> TIME AND DATE <u>Passed</u>
<input checked="" type="checkbox"/> CALIBRATION CHECK- Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <u>.098</u>	TEST 2 <u>.098</u>	TEST 3 <u>.099</u>
--------------------	--------------------	--------------------

<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34° +/- .2°C) <u>34.0 °C Passed</u>
<input checked="" type="checkbox"/> PERFORM RFI TEST (PRINTOUT ATTACHED) <u>Passed</u>
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	<u>12</u>	0-.04	<u>3</u>	.05-.09	<u>5</u>	.10-.14	<u>7</u>	.15-.19	<u>9</u>	Over .19	<u>3</u>
----------	-----------	-------	----------	---------	----------	---------	----------	---------	----------	----------	----------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Tested and certified within Dept of Health guidelines

Guth Laboratories, Lot 08400, 0.10 solution, Exp. 12-8-09

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u>	PRINT NAME <u>Brad Lynn</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>720205 / 10-01-09</u>	TELEPHONE NUMBER <u>(816) 482-8142</u>



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08400** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1204** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **December 8, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-004997
E735.23
INVALID TEST
INITIATED - RFI

06/03/2003
01

SN 66-004997
E735.23

06/03/2003
01:29

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789

1880 E 63RD NPD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004997
06/03/2003

DIAGNOSTIC TEST 01:22

PROM CHECK E735.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK
SYNC PULSE PASSED
SYNC SPEED PASSED
NEG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

1880 E 63RD NPD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004997
06/03/2003

TEST	%BAC	TIME
AIR BLANK	.000	01:33
CAL. CHECK	.098	01:33
AIR BLANK	.000	01:33
CAL. CHECK	.098	01:34
AIR BLANK	.000	01:34
CAL. CHECK	.099	01:35
AIR BLANK	.000	01:35

NO RFI PRESENT

SUBJECT NAME

LOCATION OF TEST 1880 E. 63rd K

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

SUBJECT NAME

LOCATION OF TEST 1880 E. 63rd Kcmo

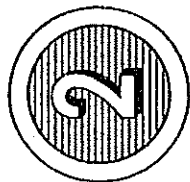
OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRADLEY S. LYNN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/01/07

Number 720205

Expires 10/01/2009

MO 580-0771 (7-88)

Joe C. Blunt
Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)